



State of Rhode Island  
Department of State – Business Services Division

**ANNUAL REPORT FOR THE YEAR 2021**  
**LIMITED LIABILITY COMPANY**

- **Filing Period:** September 1 – November 1
- **Filing Fee:** \$50.00
- **Penalty:** Additional \$25.00 fee if form is not filed by December 1

1. Entity ID No. <b>001682977</b>		2. Exact name of the Limited Liability Company <b>Hungry Ghost Press LLC</b>			
3. NAICS Code <b>448110</b>		4. Brief description of the character of business conducted in Rhode Island <b>RETAIL CLOTHING SALES</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>60 VALLEY STREET, UNIT 2</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Christopher W. Morrison					
Street Address <b>60 VALLEY STREET, UNIT 2</b>					
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>			
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642					

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

**Christopher W. Morrison**

Name of Authorized Person

9/4/21

**FILED**

SEP 28 2021

BY

MAIL TO:  
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